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Treatment Research Notes

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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ADOLESCENT DRUG ABUSE TREATMENT PROGRAMS

In a survey of drug abuse treatment programs developed to serve adolescents, researchers at the Polydrug Research Center of the Philadelphia Psychiatric Center found youthful drug abusers (under 19 years of age) to be retained in treatment an average of 9.6 months in residential programs and 7.1 months in outpatient drug free programs. By comparison, CODAP clients of all ages (1981) were found to be retained an average of 7.7 months in residential programs and 7.5 months in outpatient drug free. Thus, it appears that drug programs developed to serve youth are about as successful in maintaining clients in treatment and providing their clients with continuity of care as are programs generally.

The survey of programs serving adolescents was conducted in 1980-1981 and involved 74 programs (31 residential and 43 outpatient). Information was obtained from program administrators and treatment staff to describe the clients they served and the services delivered. Therapists (N=278) had, on the average, slightly less than 5 years of clinical experience, and had been at their present place of employment 2.4 years. Therapists employed in outpatient drug free programs were more likely to have obtained a masters degree or higher level of education (53.9 percent) than were staff in residential programs (28.7 percent). Almost one-third (29.6 percent) of the residential therapists did not have a college degree, while this was true of only 10.5 percent of the outpatient counselors.

Program staff were asked to identify the most common drug abuse pattern of their clients. The two most frequently reported patterns of use were marijuana in combination with alcohol (38.6 percent) and marijuana alone (30.0 percent). The use of marijuana with nonopiate prescription drugs (8.4 percent) was reported to be the next most frequent pattern followed by the use of alcohol alone (7.0 percent).

When asked to give their judgment as to the problem areas encountered most frequently among their adolescent clients, treatment staff ranked "family conflicts (involving client)" as the problem most frequently encountered (43.0 percent). The second most frequent problem was "drug related legal problems" (20.9 percent). The third highest ranking was given "school/truancy" (18.3 percent).

The treatment staff were asked to estimate the proportion of time spent in each of 11 activities in a typical month. By far, the largest proportion of treatment staff time was devoted to individual client therapy/counseling (about 25 percent for all programs). Although the outpatient staff devoted a higher proportion of time to individual therapy/counseling than the residential staff, the difference between the two groups was not significant. The second greatest amount of time was reported to be spent in record keeping, case recording, and treatment progress report writing (15 percent of the time of all treatment staff). Administrative activities, including attendance at staff and other meetings, accounted for about 10 percent of the time of all staff. The third largest proportion of staff time (nearly 14 percent) was devoted to group therapy/counseling. In regard to this treatment initiative, there was a significant difference between the staffs of the two types of facilities. Treatment staff in residential settings reported devoting 18.6 percent of their time to group therapy/counseling while treatment staff in outpatient units devoted 11.1 percent of their time to this treatment initiative. This difference may be related to availability of clients who can be provided treatment at the same time and perhaps to differences in treatment philosophy as well. It is of interest to note that family therapy/counseling accounted for a relatively small proportion of staff time in both treatment settings. For all programs, the proportion of time devoted to family/counseling therapy was 7.8 percent.

The study also reveals that treatment staff see their adolescent clients as beset with significant psychological/social disturbance and as functioning in a world in which some level of drug use is routine. Thus, treatment staff reported that the following 5 of 10 possible characteristics considered, were true for at least half of their adolescent clients:

1. "consider the use of marijuana and alcohol to be acceptable and normal activity";

2. "have psychological and situational problems which predate their drug use";

3. "are failing in their formal societal roles especially as students";

4. "come to treatment non-voluntarily, someone or some agency pressures them"; and

5. "do not come to treatment seeking help to stop taking drugs."

While residential treatment staff are less likely than outpatient staff to feel that the last statement characterizes their adolescent clients, they are even more likely to agree with statements 3 and 4 above. Thus, the case is well made that those in position to know the adolescent client view him/her as particularly challenging.

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THE FOSTER CARE ADOLESCENT

Available evidence suggests a need to understand more clearly the functioning and needs of adolescents in foster care with particular reference to drug abuse and other behaviorial disorder. Emotional disturbances are commonly reported among youngsters on foster care caseloads. In a 5-year longitudinal study of a New York foster care caseload examining youngsters from infancy through 12 years of age (N=220), approximately 25 percent of the children were characterized as emotionally impaired, and approximately 30 percent (overlapping the above) were characterized "as showing what would appear to be significant difficulty." In addition, school teachers rated 31 percent as "poorly" or "very poorly" adjusted and, based on an achievement index using 11 school subjects, 53 percent were characterized as performing below their appropriate age level (Fanshel and Shinn, 1978). Moreover, Fanshel (1979) reports that increasing numbers of children are being referred to foster care on the basis of those children's acting out, i.e., anti-social, behavior. While study by Fanshel and Shinn represents the largest single investigation of foster care children and the only longitudinal study, additional investigators also report rates of disturbance between 10 and 50 percent for foster care youth (Maas and Engler, 1959; Eisenberg, 1964; De Fries et al. 1965; Maluccio, 1966; Frank, 1980).

In addition, the numbers of children in foster care in the U.S. have been increasing steadily in this century, currently totaling over 350,000. The average age of the foster care ward also appears to be increasing. Given the reports of disturbed functioning among foster care children, particularly centered around anti-social acting out, it seems clear that this is a population which may be at risk for substance abuse. An emphasis on understanding the functioning of foster care children during care and post-emancipation, i.e., after discharge from foster care, can add to our understanding of adolescent drug abuse, while providing the potential for benefiting a chronically disadvantaged and underserved population.

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OUTCOMES FOR OPIOID ADDICTS AT SIX YEARS POST-ADMISSION

Recent findings from a followup of 990 opioid addicts treated in clinics associated with the Drug Abuse Reporting Program (DARP) revealed that 61 percent had not used any opioids the last year before follow-up interview, and had no long-term incarcerations or evidence of heavy or sustained use of alcohol or non-opioid drugs during that year. The follow-up interviews took place 6 or more years after admission to treatment. For purposes of this study, long-term incarcerations were defined as near continuous time in jail or prison for the year prior to follow-up interview; sustained use of alcohol was defined as average daily use of more than four ounces during the year prior to follow-up interview; and sustained use of non-opioid drugs was defined as weekly or more frequent non-opioid drug use during the year prior to followup. The analysis examined the follow-up sample as a whole, and also explored the five treatment groups available: methadone maintenance, therapeutic community, outpatient drug free, outpatient detoxification, and intake only--the latter a comparison group which consisted of clients who were interviewed at intake but left the program before receiving any substantial treatment. The clients, representing 26 programs, had been admitted to treatment during 1972-1973.

Some 19 percent of the 990 opioid addicts studied achieved abstinence immediately upon termination of the treatment episode initiated in 1972-1973 and maintained abstinence over the whole follow-up period (an average of 6 years). An additional 13 percent achieved abstinence through long-term--often continuous--contact with a treatment program up to the time of the follow-up interview. An additional 16 percent relapsed after leaving the treatment entered in 1972-1973, but achieved long-term abstinence immediately after terminating a subsequent treatment episode. Thus, a total of 48 percent attained long-term abstinence in association with a drug abuse treatment experience. Five percent of the follow-up sample which had relapsed became abstinent in association with a later jail or prison term while 8 percent of the clients achieved long-term abstinence after relapsing, but not in association with any subsequent treatment episode or incarceration. Thus, it may be seen that a total of 61 percent (48 percent in conjunction with treatment, 5 percent with incarceration, and an additional 8 percent without an association with either type of experience) had achieved long-term abstinence of at least 1 year up to the time of the follow-up interview.

Of the treatment sample, 21 percent continued heavy and sustained illicit opioid drug use throughout the follow-up period. The remaining 18 percent of the sample were classified as having special problems such as heavy drinking, sustained non-opioid drug use, sporadic use of opioids, or had long-term incarcerations extending into the last year before follow-up interview. These "special problems" outcomes could not be meaningfully classified as abstinent, even though some of these clients reported no use of opioids during the last year of the follow-up period.

Examining outcome patterns by treatment groups, the outpatient drug free group had the highest percentage (21 percent) of daily opioid users achieving abstinence immediately after the 1972-1973 treatment, and the detoxification group the lowest (12 percent).

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EVALUATION OF THERAPEUTIC COMMUNITY PROGRAMING

A comprehensive follow-up study of clients enrolled in a relatively traditional therapeutic community lends further support to a view of that modality as being highly

effective. Researchers looked at self-reported findings on the social and psychological adjustments of two samples, the 1970-1971 (N=370) and the 1974 (N=424) graduates and dropouts of the New York Phoenix House. The samples were randomly drawn in accord with the length of time clients had been in program (ranging from less than 1 month to over 20 months). Followup was for 5 years in the case of the 1970-1971 sample, and for 2 years in the case of the 1974 sample. Figures below are for followup at 3 years for the 1970-1971 sample to permit comparability between graduates and dropouts in that cohort (dropout data are complete for 3 years only). With the exception of composite no crime/no drug use figures, all data reported below are for the last full year of followup. Data for no crime/no drug use are cumulative over all years.

The 3-year followup of the 1970-1971 cohort found:

- a dramatic decline in any use of opiates (to less than 2 percent of the graduates from 84 percent prior to treatment; and to 26 percent of dropouts from 91 percent prior to treatment). For graduates, daily use of opiates declined from 75 percent prior to treatment to 1 percent for the third year posttreatment; for dropouts, daily use of opiates declined from 81 percent prior to treatment to 14 percent for the third year posttreatment;

- a decrease in marijuana use among dropouts (from 33 percent nonusers pretreatment to 42 percent at follow-up) and an even larger decrease for graduates (from 59 percent nonusers pretreatment to 71 percent at followup);

- while alcohol use remained stable among dropouts at 50 percent for any claimed use, alcohol use increased among graduates in terms of both any use (43 percent to 65 percent) and frequency during the week (although daily use was unchanged);

- a decline in reported criminality was obtained in each year after program entry as compared to the year prior to treatment. As compared to graduates (53 percent arrests pretreatment, 1 percent at third year posttreatment), dropouts were more likely to remain criminally involved but at a lower level of activity (63 percent arrests pretreatment, 15 percent at third year posttreatment);

- overall, no crime/no drug use was reported at followup for 34 percent of the dropouts and 87 percent of the graduates over all 3 years of the followup considered here;

- full-time employment increased for dropouts from 3.5 months per year pretreatment to 7.2 months per year at third year posttreatment; full-time employment increased for graduates from 2.2 months per year pretreatment to 11.1 months per year at third year posttreatment.

The 2-year followup of the 1974 cohort found:

- a dramatic decline in any use of opiates (to 0 percent of the graduates from 66 percent prior to treatment; and to 18 percent of dropouts from 67 percent prior to treatment). For graduates, daily use of opiates declined from 49 percent prior to treatment to 0 percent for the second year posttreatment; for dropouts, daily use of opiates declined from 49 percent pretreatment to 5 percent for the second year posttreatment;

- marijuana use decreased more modestly among graduates from 54 percent nonusers of marijuana pretreatment to 58 percent nonusers of marijuana at 2 years posttreatment; marijuana use increased among dropouts from 53 percent nonusers pretreatment to 44 percent nonusers at 2 years posttreatment;

- alcohol use increased for both graduates and dropouts such that there were 50 percent nonusers of alcohol pretreatment among graduates and only 10 percent nonusers of alcohol at 2 years posttreatment; while 34 percent of dropouts were nonusers pretreatment, 24 percent were nonusers at 2 years posttreatment;

- again, there was a decline in reported criminality such that graduates reported 55 percent arrests pretreatment and only 3 percent arrests at second year posttreatment, while dropouts reported 37 percent arrests pretreatment and 18 percent arrests at second year posttreatment;

- overall, no crime/no drug use was reported at followup for 33 percent of the dropouts and 68 percent of the graduates over the full 2 years of followup;

- full-time employment increased for dropouts from 2.5 months per year pretreatment to 4.6 months per year at second year posttreatment; full-time employment increased for graduates from 2.8 months per year pretreatment to 8.5 months per year at second year posttreatment.

In each of the two samples, the rates of success and improvement in social adjustment were remarkably similar. The correlation between time in treatment and posttreatment success was also striking. Moreover, the study also found that behavioral change and psychological change were strongly correlated. Thus, change on paper and pencil personality measures were more dramatic for graduates than for dropouts, but were evident in both groups and reflected the changes in community functioning seen in both groups.

The study provides clear evidence for the efficacy of the therapeutic community overall, suggesting that both behaviors and psychological functioning are changed in association with therapeutic community programing.

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COUNSELING SERVICES IN DRUG ABUSE TREATMENT

A study of drug abuse counselors, judged superior by their administrators, indicated that those counselors were likely to be very actively involved in programing on behalf of their clients, but show important differences in issues they raise and issues clients raise in counseling sessions. The study, conducted in 1981 in conjunction with the University of Miami, made use of self-report data obtained from 45 counselors drawn from 29 treatment programs in 11 States.

To obtain the counselor sample, 11 single State agencies (SSAs) were asked to identify the drug treatment programs in their States having the best counseling services. Administrators of each of the 29 programs identified by the SSAs were contacted by telephone and asked to identify the counselors in their programs who were considered superior according to a set of criteria provided.

Forty-five counselors selected by the administrators agreed to participate in the study. A telephone interview was used to gather data. The ages of the 45 drug treatment counselors ranged from 23 years to 66 years, with a mean of 33.2 years. Eighty-two percent of the sample had at least a BA degree, and 50 percent had an MA degree. The respondents had worked as counselors in drug abuse treatment programs for an average of 5 years, and many (42 percent) reported having received training specific to the substance abuse field. Nine counselors (20 percent) had a history of drug abuse and had been admitted to drug treatment programs prior to their present employment.

Counselors reported an average caseload of 22 clients, a figure considerably lower than that specified in the Federal guidelines (ratio of at least 1 counselor to 50 patients). Obviously, smaller caseloads may permit counselors greater opportunity to provide services to their clients.

It was found that 85 percent of the counselors reported maintaining regularly scheduled appointments with clients, and that 85 percent of the counselors also reported seeing their clients at least once or twice a week (most sessions lasting approximately 1 hour). Management reports produced for NIDA suggest that counseling sessions in the drug field are generally less frequent and of a shorter duration.

More than 93 percent of the study counselors used standardized treatment reporting formats suggesting that they were organized and prepared to monitor client progress and behavior. In addition, most of these counselors, judged to be superior, made a concerted effort to involve their clients in the development of treatment plans (85 percent) and to review completed plans with clients (90 percent).

There was little consensus among the counselors studied as to what treatment goal was the most important. To help clients become drug free was the goal selected by the highest percentage of those counselors (22 percent). The other two highly ranked goals were: employment (13 percent); and increased social skills and self-esteem (11 percent). None chose an absence of crime as the most important treatment goal.

There were interesting differences between problems introduced in counseling sessions by counselors and problems raised by clients. Counselors reported themselves as more likely to raise issues in psychosocial functioning (47 percent), e.g., issues involving social relationships and self-worth, than were clients (31 percent). Counselors were also more likely to raise problems regarding substance abuse (20 percent) than were clients (9 percent). Relatively high percentages of clients were reported to introduce sexual concerns (40 percent), family concerns (31 percent), and basic, e.g., financial, concerns (31 percent), as their primary problems. None of the counselors introduced problems having to do with sexual concerns, 25 percent introduced family concerns, and 20 percent introduced basic concerns.

Twenty percent of the counselors reported making home visits in the 2 months prior to this survey. Most home visits were arranged to see clients who were handicapped or otherwise homebound.

When counselors were asked to indicate what they would do differently, 20 percent said that they would set more limits, while another 20 percent reported that they would be more supportive. Eighteen percent claimed they would restructure the counseling sessions in some unspecified manner, and 31 percent said that they would do nothing differently.

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IMPACT OF EMPLOYMENT SPECIALISTS

A study recently completed suggests that the addition of full-time employment specialists to the staff of drug abuse treatment programs results in significantly greater client retention, and a significantly greater decrease in drug use. However, there were not significant differences regarding the number of unemployed clients who secured jobs in employment specialist programs when compared to similar programs with no employment specialists.

The study was conducted in 1978-1980 in Chicago, Detroit, and New Jersey to examine the impact on clinic functioning and client outcomes of the addition of employment specialists through two different models. The first model provided for a full-time employment specialist located at an individual clinic; the second provided for a specialist to serve as a consultant to a group of three clinics. In the first, the specialist served clients directly; in the second, the specialist was intended to act as an advisor and resource person on employment issues for other program counselors and was expected to have few individual clients. Both approaches were contrasted with clinics with no employment specialists. In total, 39 clinics representing outpatient drug free, residential drug free, and methadone maintenance programs participated. A minimum of five clinics, matched on surrounding labor market conditions, program size and racial characteristics of clients, were selected at each site to represent a single modality, e.g., outpatient drug free. One outpatient drug free program would then receive a full-time employment specialist, three programs would receive the services of a consultant, and the fifth program would receive no additional services (control condition).

The majority of the study clients were male (79 percent), black (70 percent), and between 25 and 40 years of age (75 percent).

Only 18 percent had any postsecondary education and half of the clients had prior criminal records. At admission to treatment, 31 percent were employed. The predominant drug problem was heroin (nearly 85 percent mentioned it as their primary drug problem).

The impact of the employment specialists on client functioning was examined for employment status, drug use, and criminal activity. Adequate admission and discharge data were available on 930 clients (89 percent of the study sample): 254 from control clinics, 159 from full-time clinics, and 517 from consultant clinics. Comparisons with regard to employment, drug use, and crime were made between clients in control clinics and clients in clinics with full-time or consultant employment specialists. Clients had to have been in treatment 2 weeks or more to be included in this portion of the study.

Employment. Overall, during the study the percentage of all clients employed at discharge (35 percent) increased only 4 percent from the total percent employed at admission (31 percent). The greatest increases were in full-time specialist clinics (22 percent to 30 percent) and control clinics (33 percent to 39 percent), and the least in consultant clinics (33 percent to 35 percent). The percentage increase was not statistically significant between clinic types.

Drug Use. Whereas 62 percent of clients in full-time specialist clinics either became drug free or decreased their drug use over the course of treatment, 47 percent of control clients and 45 percent of clients in consultant clinics achieved similar status. This difference was statistically significant.

Crime. The clinics did not differ in percentage of clients with no arrests during treatment (range from 86 to 91 percent) or average number of arrests during treatment (.15 to .18).

Retention in Treatment. The control clinics were the most likely to have clients drop out within 2 weeks, while the full-time clinics were the most likely to retain clients in treatment for 4 months or longer. Differences between the three clinic types were found to be significant. In addition, both consultant and full-time clinics were significantly more likely to retain clients 4 months or longer than were controls. Moreover, retention for 4 months or longer was significantly greater in full-time specialist clinics than in consultant specialist clinics. Thus, the presence of specialists was associated with the clients' retention in treatment.

On balance, the study suggests that the employment specialist can play a significant role in helping to effect client rehabilitation. To the extent that program administrators can augment their existing counseling staffs with the services of employment specialists culled from State vocational rehabilitation units, or obtained through negotiation with other community agencies, it appears likely that program effectiveness can be improved.

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METHADONE DOSAGE AND TIME IN TREATMENT

A recent study explored the relationship between methadone dosage policy and clients' retention in drug abuse treatment programs. The 11 States with the largest number of methadone maintenance treatment programs (a total of 468 or 73.6 percent of the country's total) were contacted for study. One-third of each of the State's maintenance programs were then randomly drawn for inclusion in the sample (N=154). Information was obtained from program personnel through a forced-choice questionnaire which focused on the number of clients in different maintenance programs, dosages, length of time in maintenance, etc. Data regarding demographic characteristics of clients in the programs selected were obtained from the Client Oriented Data Acquisition Process (CODAP).

The clinics were subdivided based on dosage category (low dosage, 0.29 mg. or less; mid-dosage, 30-59 mg.; high dosage, 60 mg. plus; and flexible-dosage, no single pattern predominating). Classification was based on 45 percent or more of the clients receiving dosage levels that fell in a single category.

After controlling for clients' demographic characteristics, significant differences were found between the length of treatment in flexible dosage programs as compared to all other program dosage types. The flexible-dose programs retained clients an average of 23.1 months as compared to an average of 12.1 months for low dosage, 11.7 months for mid-dosage, and 14.4 months for high dosage. No other relationships were found between time in treatment and dosage type.

Thus, the data suggest that, after controlling for relevant client characteristics (i.e., age, length of time using heroin, and prior treatment episodes), program adherence to a fixed policy of methadone dosage is likely to offer less potential for influencing client functioning than a more flexible dosage policy. It seems likely that individualization of dose is associated with individualization of treatment generally, and that it is this flexibility in meeting client needs that leads to greater client retention and the potential for greater program impact.

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PREVENTION PROGRAMING BY TREATMENT FACILITIES

A brief descriptive study of the characteristics of treatment programs offering prevention services was conducted by the National Institute on Drug Abuse (NIDA) staff. The study utilized data from the 1979 National Drug and Alcoholism Treatment Utilization Survey (NDATUS) and included all treatment programs reporting to the system (excluding programs offering prevention services only). A total of 3,590 drug abuse treatment programs were included in the study; of these, 1,993 (55.5 percent) reported offering prevention/education services. The data were analyzed along several dimensions including program setting, treatment modalities, urban/rural status, staffing patterns, etc.

Analyses indicated that drug abuse programs located within mental health centers were more likely to report providing prevention services (69.6 percent) than programs located in any other facilities. Among rural programs, 73.4 percent of the programs offered prevention services as compared to 38.6 percent of the urban programs. It is noteworthy that earlier study suggests that rural drug abuse programs are frequently located within mental health center programs.

Analyses involving the exploration of staffing patterns revealed that programs reporting themselves as offering prevention services had staff:client ratios of 1:5.9, while programs not offering such services averaged ratios of 1:7.8; thus indicating the greater the availability of resources, the more likely the provision of prevention services. In terms of treatment modalities, data show that methadone maintenance programs are far less likely to report themselves as offering prevention services (19.2 percent) than are drug free programs (59.6 percent).

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